

**ATTACHMENT V - INSTRUCTIONS FOR COMPLETING THE STERILIZATION  
CONSENT FORM**

## INSTRUCTIONS FOR COMPLETING THE STERILIZATION CONSENT FORM

1. Enrollee's TennCare Identification Number may be typed, handwritten or left blank.
2. The physician's name, group name or clinic name from whom the enrollee received information about the sterilization procedure. This can be typed or handwritten.
3. Type of sterilization operation to be performed on the enrollee. This can be typed or handwritten.
4. Enrollee's date of birth. The enrollee must be twenty-one (21) years old to sign the sterilization consent form. This can be typed or handwritten.
5. Enrollee's name. This can be typed or handwritten.
6. Physician's name, group name, or clinic if the enrollee is not sure who will be performing the sterilization procedure. This physician does not have to be the same physician who performed the surgery. This can be typed or handwritten.
7. Type of sterilization procedure to be performed. This can be typed or handwritten.
8. Signature of enrollee. The enrollee must simultaneously sign his/her name and date in his/her own handwriting. If the enrollee cannot sign his/her name he/she can make his/her mark "X" in enrollee's signature if there is a witness. The witness must sign down below his/her name and simultaneously date the day they witnessed the enrollee make their mark. This must be in the witness' own handwriting. The witness should write witness beside their name.
9. The enrollee must simultaneously write the date he/she signed the consent form in their own handwriting when signing the consent form.
10. The enrollee should write in the time they signed the consent form. This is only important in cases where the thirty (30) day time period has not lapsed and the 72 hour period between the time the enrollee signed the consent form and the time the sterilization procedure was performed.
11. Race and ethnicity designation is optional.
12. The language used to explain the consent form if an interpreter is used. This can be typed or handwritten.
13. Signature of the interpreter and the date the interpreter signs the consent form. The interpreter must sign his/her name and simultaneously write the date in his/her own handwriting. If an interpreter is not used write NA in the blanks.
14. Name of the individual to be sterilized. This can be typed or handwritten.
15. Type of sterilization operation to be performed. This can be typed or handwritten.
16. Signature of the person obtaining consent and the date he/she signed the consent form. The person who obtained consent must sign and date the consent form simultaneously in his/her own handwriting. The signature of the person obtaining consent and the date must be signed prior to surgery.
17. Name of the facility where the person obtaining consent is located. This can be typed or handwritten.
18. Address of the facility. This can be typed or handwritten.
19. Name of the individual to be sterilized. This can be typed or handwritten.

20. The exact date the sterilization was performed. The date can be typed or handwritten. The date of service on the claim requesting payment must be the same date on the sterilization consent form.
- (A) Thirty (30) calendar days must have lapsed between the date the enrollee signed the consent form and the date the sterilization procedure was performed. Start counting day one (1) the day after the enrollee signs the consent form and then the sterilization can be performed on the 31st day except in the case of premature delivery or emergency abdominal surgery.
  - (B) In case of premature delivery, at least 72 hours must have passed between the day and time the enrollee signed the consent form before the sterilization procedure can be performed. At least thirty (30) calendar days would have had to lapse between the date the enrollee signed the consent form and the individual's expected date of delivery.
  - (C) In the case of emergency abdominal surgery, at least 72 hours must have passed between the day and time the enrollee signed the consent form before the sterilization procedure can be performed.
  - (D) The consent form expires 180 calendar days from the date of the enrollee's signature. Start counting the date the enrollee signed the consent form as day one (1). The procedure must be performed within 180 calendar days.
21. Type of sterilization operation performed. This can be typed or handwritten.
22. Alternative final paragraph instructions:
- (A) Cross out paragraph two (2) if at least thirty (30) calendar days have lapsed between the date of the enrollee's signature on the consent form and the date the sterilization operation was performed.
  - (B) Cross out paragraph one (1) if this sterilization was performed less than thirty (30) calendar days but more than 72 hours after the date of the enrollee's signature on the consent form because of premature delivery or emergency abdominal surgery. Check appropriate boxes for premature delivery and individual expected date of delivery and fill in the enrollee's expected date of delivery. Or if emergency abdominal surgery check appropriate box and describe circumstances.
23. Physician's signature. The physician who performed the sterilization procedure must sign his/her name and date he/she signed the consent form simultaneously in his/her own handwriting. The physician must sign the consent form after surgery. The physician's signature, date and time must be in his/her own handwriting. Typed or stamped signatures, initials or dates are not acceptable.
- (A) If the physician signs the consent form the same day as surgery then he/she must specify what time he/she signed the consent form.
  - (B) If the physician signs the consent form the same day as surgery and signs the time he/she signed the consent form as 8:00 a.m. or earlier the time surgery ended must be specified below on the consent form.
  - (C) If the physician signs the consent form the day after surgery or later then the time the physician signed the consent form may be left blank.

INSTRUCTIONS: COMPLETE AND ATTACH TO CLAIM FORM WHEN SUBMITTING CLAIM FOR PAYMENT.

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS

<div><div>CONSENT TO STERILIZATION</div><div>I have asked for and received information about sterilization from</div><div></div><div>(Doctor or Clinic)</div><div>When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.F.D.C. or Medicaid that I am now getting or for which I may become eligible.</div><div>I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED <b>PERMANENT AND NOT REVERSIBLE</b>. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.</div><div>I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.</div><div>I understand that I will be sterilized by an operation known as a</div><div></div><div>The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.</div><div>I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not be sterilized will not result in the withholding of any benefits of medical services provided by federally funded programs.</div><div>I am at least 21 years of age and was born on</div><div></div><div>(Month, Day, Year)</div><div>I, _____ hereby consent of my own free will to be sterilized by</div><div></div><div>(Doctor)</div><div>by a method called _____</div><div>My consent expires 180 days from the date of my signature below.</div><div>I also consent to the release of this form and other medical records about the operation to:</div><div>Representatives of the Department of Health, Education, and Welfare or Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.</div><div>I have received a copy of this form.</div><div></div><div>Date _____</div><div>Signature of Recipient _____</div><div>Month _____ Day _____ Year _____</div><div>Time Signed: _____ AM _____ PM</div><div>You are requested to supply the following information, but it is not required:</div><div>Race and ethnicity designation (please check)</div><div><input type="checkbox"/> American Indian or Alaska Native    <input type="checkbox"/> Black (not of Hispanic origin)</div><div><input type="checkbox"/> Asian or Pacific Islander    <input type="checkbox"/> Hispanic</div><div><input type="checkbox"/> White (not of Hispanic origin)</div><div>INTERPRETER'S STATEMENT</div><div>If an interpreter is provided to assist the individual to be sterilized.</div><div>I have translated the information and advice presented orally to the individual to be sterilized by a person obtaining this consent. I have also read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.</div><div></div><div>Signature of Interpreter _____</div><div>Date _____</div></div> <td><div><div>STATEMENT OF PERSON OBTAINING CONSENT</div><div>Before _____ signed</div><div>Name of individual _____</div><div>The consent form, I explained to him/her the nature of the sterilization operation</div><div></div><div>the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.</div><div>I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.</div><div>I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.</div><div>To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.</div><div></div><div>Signature of person obtaining consent _____</div><div>Date _____</div><div></div><div>Facility _____</div><div></div><div>Address _____</div><div>PHYSICIAN'S STATEMENT</div><div>Shortly before I performed a sterilization operation upon</div><div></div><div>on _____</div><div>Name of individual to be sterilized _____</div><div>Date of sterilization _____</div><div>I explained to him/her the nature of the sterilization operation</div><div></div><div>Specify type of operation _____</div><div>the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.</div><div>I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.</div><div>I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.</div><div>To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.</div><div>Instructions for use of alternative final paragraphs:</div><div>Use the first paragraph below except in case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.</div><div>(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization operation was performed.</div><div>(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature in this consent form because of the following circumstances (check applicable box and fill in information request):</div><div><input type="checkbox"/> Premature delivery</div><div><input type="checkbox"/> Individual's expected date of delivery _____</div><div><input type="checkbox"/> Emergency abdominal surgery (describe circumstances) _____</div><div></div><div>Physician's Signature _____</div><div>Time of Signature _____ AM _____ PM    Date of Signature _____</div></div></td>	<div><div>STATEMENT OF PERSON OBTAINING CONSENT</div><div>Before _____ signed</div><div>Name of individual _____</div><div>The consent form, I explained to him/her the nature of the sterilization operation</div><div></div><div>the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.</div><div>I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.</div><div>I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.</div><div>To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.</div><div></div><div>Signature of person obtaining consent _____</div><div>Date _____</div><div></div><div>Facility _____</div><div></div><div>Address _____</div><div>PHYSICIAN'S STATEMENT</div><div>Shortly before I performed a sterilization operation upon</div><div></div><div>on _____</div><div>Name of individual to be sterilized _____</div><div>Date of sterilization _____</div><div>I explained to him/her the nature of the sterilization operation</div><div></div><div>Specify type of operation _____</div><div>the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.</div><div>I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.</div><div>I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.</div><div>To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.</div><div>Instructions for use of alternative final paragraphs:</div><div>Use the first paragraph below except in case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.</div><div>(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization operation was performed.</div><div>(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature in this consent form because of the following circumstances (check applicable box and fill in information request):</div><div><input type="checkbox"/> Premature delivery</div><div><input type="checkbox"/> Individual's expected date of delivery _____</div><div><input type="checkbox"/> Emergency abdominal surgery (describe circumstances) _____</div><div></div><div>Physician's Signature _____</div><div>Time of Signature _____ AM _____ PM    Date of Signature _____</div></div>
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